

Department of Liquor Control Licensure, Regulation, and Education (LRE) <u>Business Modification Form</u>

FACILITY NAME: LICENSE NUMBER:							
Please explain the change you are requesting from your current approved business plan: Layout Change (*Attach new floor plan to this form):							
Floors:	Rooms	Wait Service:	Yes	No	Room Service:	Yes	No
Outdoor Cat	fé Seating:	36" Barrier:	Yes	No	Wine Tastings:	Yes	No
Other:							
							-
							-
applicant's	licant's Name:		Sig	Signature:			
Office Use	e Only:						
Division C	hief Sign Off	YES	NO	Initi	ials: Dat	te:	
Approved 1	by ATES:	YES N	JO It	nitials.	Date:		